Joint Technical Corrections Committee Presentation of 21.1116.02000 "Patient's Right to Try; "all inclusive, non-discrimination" health care; Pharmacists Non-Refusal to Dispense; Licensee Protection from Board Disciplinary Action" 9 November 2021 Special Session

Mr. Chairman, distinguished members:

This COVID-19 related life saving bill comes to you out of the practical necessity;

- TO PROTECT & PRESERVE LIVES WHILE ALLOWING "TRYING SOMETHING DIFFERENT";
- 2. TO UTILIZE the PRACTICAL, PROVEN EXPERIENCE of a PROVIDER;
- 3. TO PROTECT PATIENTS FROM DISCRIMINATIVE HEALTH CARE BASED ON VACINE STATUS;
- 4. TO PERMIT UTILIZATION of a FDA APPROVED DRUG for OFF-LABEL USE;
- 5. TO REQUIRE A PHARMACIST TO DISPENSE;

PROTECTING THE PATIENTS RIGHT TO TRY, AS WELL AS, PROTECTING THE PROVIDER'S AND THE PHARMACIST'S LICENSE.

Why is this bill necessary? North Dakota providers, clinics and hospitals are scared to take a stand against Big Pharma and the current CDC COVID protocol. Most ND Providers & Pharmacists fear prescribing & filling those prescriptions and putting their license and/or job on the line. Hospitals refuse to administer these Off-Label choices until it is too late to make a difference, often ending in death.

Only recently have I heard of one local* hospital doing the late treatment once CDC protocol has been tried and failed to provide successful results.

In late April of 2021, the last week of session, my wife* contracted COVID. As I sat with her in the local hospital emergency room, the Doctor began to describe the recommended treatment protocol, stating though not FDA approved, this was the protocol recommended by CDC. We specifically asked to forgo that recommendation and to prescribe Hydroxycloroquine. The response was, "That is not FDA approved and we would never do that."

An acquaintance* recently found a doctor to prescribe Ivermectin, however, he was turned down by his local ND Pharmacist who claimed it was not an FDA approved drug to treat COVID. After a lengthy search was finally able to get the prescription filled in state.

A local provider* has successfully prescribed & treated with hydroxycloroquine since early 2020 with most pharmacies challenging, thus having to send only to certain pharmacies. This provider states that the bigger problem is finding local practices to prescribe. This same provider now is utilizing more livermectin, successfully to treat COVID infected patients.

In a neighboring state, a provider* has been called before the license board multiple times and had his license challenged for openly speaking out about the current approved COVID protocol and his recommendation of utilizing alternative effective treatments that are "off label".

In the same state, a surgeon* with 16 successful and highly praised years of service, recently testified about the non-effectiveness of mask wearing at a local school board meeting and was fired by his employer within days of that testimony.

Another provider* and her team have successfully treated over 7000 covid infected patients with an offlabel covid treatment, hydroxycloroquine. Of those 7000+ so treated, 99% are alive & well.

There are case after case and story after story about the success and uneventful side effects of treating COVID with "Off-Label" FDA approved drugs, yet we are willing to stand or sit by and observe the side Effects and put up with the death rate associated with the current COVID Protocol used that is not FDA Approved, but CDC recommended?????

*Sources: Friend/JH/Minot; LRT/SMC; DB/Jamestown; Dr.J/Bis; Dr.SJ/MN; Dr.DH/FF,MN; Dr.SI/TX;